

Children's World



Year in Review Issue
1979

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The Children's Hospital Medical Center, 300 Longwood Avenue, Boston, MA 02115

President: David S. Weiner Chairman of the Board: William W. Wolbach

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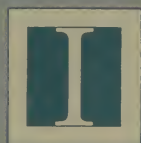
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The Year in Review



The Children's Hospital Medical Center, founded in 1869, is a voluntary, nonprofit teaching hospital affiliated with Harvard Medical School. The largest pediatric hospital in the country, it is dedicated to patient care, research, and teaching, and offers comprehensive health care services for patients from birth through young adulthood.



n 1979, as the decade ended and Children's Hospital celebrated its 110th anniversary, we took advantage of several opportunities to reflect upon the hospital's proud history.

However, we must remember that our remarkable progress has come not through the contemplation of past achievement but because we were well prepared for the future.

Never before in our history has it been more important for us to plan ahead if we are to maintain our position of leadership in pediatric medicine.

Children's Hospital has many missions. As a teaching hospital it is an international leader. Pediatricians trained here influence every area of child health care.

As the world's largest pediatric research center, our laboratories have helped yield solutions to some of medicine's most pressing concerns. And research efforts now underway are making significant inroads against major problems such as cystic fibrosis, cancer, and mental retardation.

But the heart of our mission is providing high quality pediatric care and all of us must keep this goal constantly in mind. Our primary responsibility is still to serve sick children, children from our neighborhoods and from around the world.

In today's environment of increasingly restrictive regulation and limited resources, difficult decisions will have to be made in determining those areas receiving the greatest attention. As we set our priorities for the days and years ahead, all efforts as a teaching hospital and as a research center must be coordinated in such a way that they contribute to basic child health care.

Today's most important challenge focuses upon Children's Hospital's interaction with other health care professionals, providers and practitioners, patients and parents. We must continue to improve patient care. And our key focus should be upon the development of responsible and well-coordinated systems which will help us achieve that goal.

William W. Wolbach
Chairman of the Board



Nineteen seventy-nine has been a year of celebration and commemoration for Children's Hospital. It has also been a year of great accomplishment, highlighted by the dedication of the new Multidisciplinary Intensive Care Unit in December.

Our 110th anniversary has given us an opportunity to reflect upon our proud past and the dramatic advances that have been made in pediatric medicine since the hospital's founding.

Another special observance of 1979—the International Year of the Child—has reminded us that much remains to be done, that the most basic health care needs are still unmet for millions of children in this country and around the world.

The tragedy of Cambodia has put this need into vivid focus. As is so often the case in times of war and famine, the most helpless and pitiful victims are the children. Children's Hospital has become actively involved in efforts to relieve this suffering.

While we stood ready to share our resources to aid children beyond our bor-

ders, we also continued our efforts closer to home. We began construction of the Cystic Fibrosis Research Center, the world's first facility dedicated to basic scientific research of cystic fibrosis and related respiratory diseases. This project represents another significant step in our commitment to solve the many mysteries that remain in pediatric medicine.

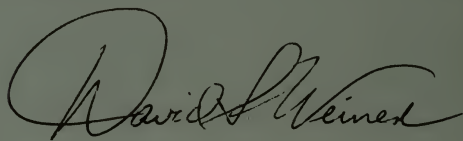
We have also continued our emphasis on family-centered care. The opening in September of the Ronald McDonald House, which provides temporary housing for cancer patients and their families, was another positive step toward encouraging the involvement of parents and families. This recognition of the family's importance to the welfare of a sick child also played an integral part in the planning and design of our new Multidisciplinary Intensive Care Unit.

It is most significant that the hospital's productivity during 1979 was accompanied by continued financial stability. The challenge of combining fiscal responsibility—

through cost containment and effective management – with program development and change is critical to all health care institutions today. The fact that this challenge is being met at Children's is a sign of the hospital's own good health.

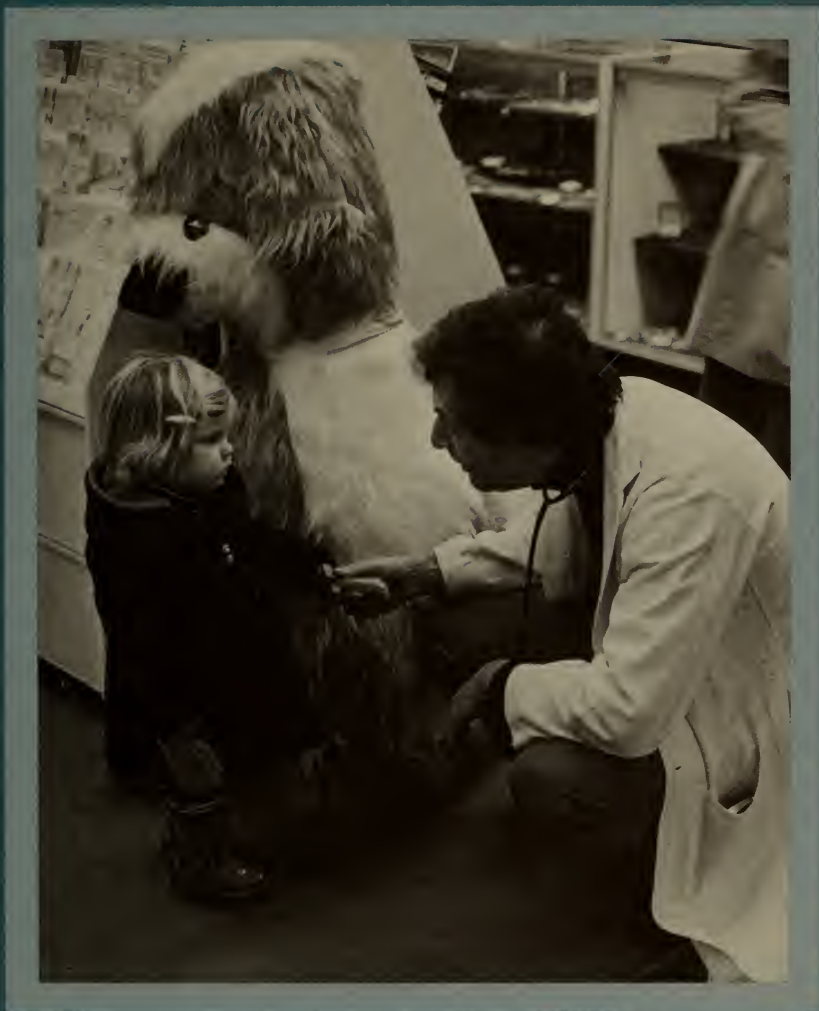
In this special year we have done much to chart our course for the 1980's and beyond. As the regionalization of child health services becomes a reality during this next decade, I believe it imperative that our medical center play a leadership role in this development through a combination of initiatives. These can range from affiliations and contracts with other health institutions to the establishment of innovative Children's Hospital satellite efforts which can bring some of our services closer to those in need.

As we have looked back on 110 years of significant progress in child health care since the hospital's founding in 1869, so must we look and plan ahead. For there can be no doubt that just as the future belongs to our children, the future of child health care belongs, in large part, to Children's Hospital.

A handwritten signature in dark ink, reading "David S. Weiner". The signature is fluid and cursive, with the first name "David" being more prominent and the last name "Weiner" following in a similar style.

David S. Weiner
President

1979: Activity and Accomplishments



Children's Hospital League merger.

Last spring, the Women's Committee of Children's Hospital and the Children's Hospital League officially joined forces. The new organization is known as the Children's Hospital League.

The work of both organizations has consistently resulted in substantial benefits to Children's Hospital. The Women's Committee, which began under that name nearly 30 years ago, has provided the seed money for several major programs, including the Patient Activities, Social Service, and Volunteer Departments. Among its major projects have been the hospital lunch shop and gift shop, the annual Yankee Bookstall, and a thrift shop run cooperatively with other charities.

The original Children's Hospital League, which began as a fund-raising and service group three years ago, has sponsored several successful benefits to support medical and surgical technology, such as the new Multidisciplinary Intensive Care Unit, and other services within the hospital community.



This photograph of a Children's Hospital nurse practitioner with one of the patients at Wrentham State School is one of more than 100 pictures of life at Wrentham that were exhibited by Mary Jean Meyer at Children's last fall.

The experienced membership that this consolidation represents and the many successful projects that are being continued promise to strengthen the benefits the hospital has received from the dedication of each group.

CT scanner purchased. During the summer, Children's Hospital received approval from the Massachusetts Public Health Council for the purchase of a whole-body computed tomography (CT) scanner. Approval was granted, after a three-year-long Determination of Need process, because of the area's need for at least one scanner available full-time for use with children.

A diagnostic tool (whose developers were awarded the 1979 Nobel Prize in Medicine), the CT scanner uses a series of X-rays to take a cross-sectional picture (called a tomogram) of a patient's body. The machine's computer sorts out the information gathered and displays it as a picture on a screen.

The CT scanner thus provides a clear and comprehensive picture of the body's soft tissues and organs, and gives diagnosticians information either not available from other sources or available only through surgery or more dangerous tests.

The new scanner, scheduled for delivery in February, will be installed in the Radiation Therapy area as a part of the Radiology Department, and is expected to be in operation by the middle of March.

Wrentham affiliation continues. In July, Children's Hospital began its fifth consecutive, successful year of providing medical care and habilitative services to the residents of the Wrentham State School. The contract between Children's Hospital and the Massachusetts Department of Mental Health, first drawn up in 1975 and renewed each year, was unique in that it marked the first time the Commonwealth had contracted with a private health care agency to provide services for the state-supported institution. Under the terms of the contract, Children's Hospital provides all primary medical care, and also specialty care on a consulting basis, to the 1,200 handicapped and retarded individuals at the Wrentham School.

This unusual arrangement continues to prove that what was begun as an experiment five years ago has, indeed, worked.

"A dream come true" on Kent Street. September 7 was proclaimed "Ronald McDonald House Day" in Massachusetts by Governor Edward King. Ceremonies that day marked the opening of a long-awaited and much needed home-away-from-home for pediatric cancer patients and their families.

The Ronald McDonald House, a renovated Victorian mansion at 229 Kent Street in Brookline, is the product of several years of planning and coordination among the various agencies involved in the project: Children's Hospital, the Sidney Farber Cancer Institute (SFCI), the McDonald's Corporation, Children's Oncology Services, Inc. (COSInc.), and the New England Patriots.

Boston's Ronald House is the eighth such facility in the country, and is one of 45 Ronald Houses operating or being developed across the United States.

The house provides overnight accommodations for families whose children are undergoing cancer treatment at Children's or SFCI. But more than that, the house is a place where families can live as normal a life as possible under the trying circumstances presented by the illness of a child.

By living with other families who are experiencing similar situations, those taking advantage of the temporary residence discover a built-in means of sharing emotional support, gathering strength, and often receiving practical assistance in learning to cope with serious illness.



Top left: Located in a neighborhood of stately homes, the Ronald House is a 10-minute walk from Children's and SFCI.

Top right: Governor Edward King and a small friend help Ronald McDonald cut the ribbons at the dedication ceremony; Russ Francis and Andy Johnson of the Patriots watch.

Above: Earnest Monopoly players share space in the renovated mansion with expectant diners.

The home which is now the Ronald House was built in the 1880's, acquired by New England Deaconess Hospital in 1940 and used as a nurses' residence until 1978, when it was purchased by COSInc. for conversion. The house has 11 bedrooms, six full and two half baths, kitchen/dining room, house manager's apartment, living room, recreation room, television room, library, and laundry facilities.

The first family to make use of the facilities moved in practically as soon as the ribbon-cutting ceremonies were over on September 7. Eighty-nine families made use of the house during the last quarter of 1979.

The Patients' Bill of Rights. In May, Governor Edward King signed into law Chapter 214 of the Acts of 1979, the Commonwealth of Massachusetts's legislation relating to patients' rights. The new legislation, which became effective in August, attempts to codify the legal rights of all patients and residents of hospitals, nursing homes, clinics, rest homes, and mental institutions. Basically, the law states that patients have the right to:

- receive an itemized bill;
- be fully informed about the risks and benefits of proposed treatment;
- have privacy during treatment;
- know when a student or trainee is involved in providing care;
- know who is responsible for their care.

Since many of the patients at Children's Hospital are under the age of 18, special legal rights and responsibilities may arise which are not addressed in this legislation.

But the basis for the philosophy of a "patients' bill of rights" for children was formed long ago, in 1869, when Dr. Francis Henry Brown, the founder of Children's Hospital, stated: "Adults can complain, if they are neglected; the little fellows cannot do so, or fear prevents them. Physicians and nurses for children should have a peculiar adaptedness for the management of their young charges."

And in the current patient information guide of Children's Hospital, President David Weiner states: "We at Children's are committed to honoring the uniqueness and dignity of each patient. We understand and support the need for patients and families to have clear knowledge of, and to participate in, matters relating to patient care... Each of us, in a word, cares."

JPN "Alumni Day." In September, a special party was held in Prouty Garden for a special group of children. It was the first "Alumni Day" for the Joint Program in Neonatology, a cooperative effort joining the newborn medicine resources of Beth Israel Hospital, Boston Hospital for Women, and Children's. The returning "alumni" were among the more than 70 patients weighing under 2.2 pounds (1000 grams) at birth who had successfully "graduated" from intensive care provided through the program. The great majority of these children, who would likely not have survived a decade ago, are thriving with no long-term problems.

At the party, physicians and nurses who had cared for these infants, often through months of intensive care, had an opportunity to visit with their former patients and their families. Throughout the garden, balloons carried a slogan that told the story: "You've come a long way, baby."

One For All Fund established. A new approach to employee-staff charitable giving was instituted at Children's in 1979, called the "One For All Fund." The first annual campaign, conducted in October and November, proved to be the most successful such fund-raising effort ever, netting more than \$54,000.

Under this new concept, charitable institutions such as the United Way will continue to receive a significant gift from employee-staff solicitation, but other agencies, large and small, will also benefit from the funds raised.

An important aspect of the new fund concept is its availability as a resource to hospital employees and staff members. Those actively involved in charitable organizations outside of work (such as boys or girls clubs, or groups of elderly or handicapped citizens) are now able to submit informal proposals for partial funding of these worthy causes.

Members of the One For All Fund allocations committee, composed of employee-staff representatives from throughout the hospital, will review proposals and consider major charities, then disburse the funds. Recipients will be announced in the spring.



A young "graduate" and his father enjoyed the Joint Program in Neonatology "Alumni Day" party in Prouty Garden last fall.

Cystic Fibrosis Research Center. Construction began in November on the first center in the world dedicated to basic scientific research of cystic fibrosis and related respiratory diseases. Cystic fibrosis is the most common and the most lethal of the lung-damaging diseases that affect children.

The center is a cooperative effort of Children's Hospital and the Massachusetts Chapter, National Cystic Fibrosis Foundation, which is raising the funds for the facility. The center's laboratories will be housed in new construction over a wing of the Enders Research Building. The facilities are scheduled for completion in July 1980.

Harvey Colten, M.D., chief of the Division of Cystic Fibrosis (Cell Biology), will be director of the new center.

Children's Hospital has a long tradition of leadership and excellence in the diagnosis and treatment of cystic fibrosis. Over the past four decades, the cystic fibrosis program at Children's has become the largest in the world. This accomplishment is largely due to the leadership of Harry Shwachman, M.D., now chief of the Division of Clinical Nutrition, emeritus.

Intensified research at this new center, involving basic, biochemical studies, will seek to understand the causes of cystic fibrosis.

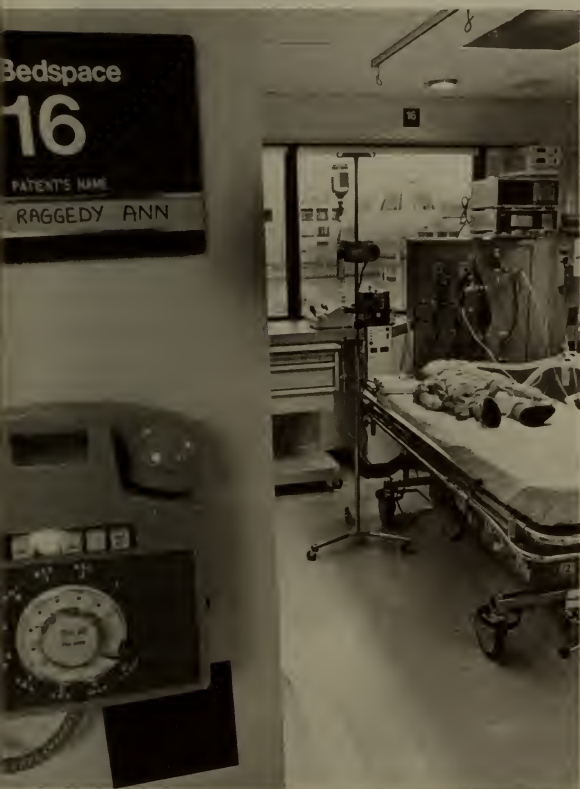


Steel beam being put into place at ceremonies to mark the construction of the world's first cystic fibrosis research center.

New MICU is dedicated. The highlight of 1979 came in December, with the dedication of the Multidisciplinary Intensive Care Unit. The new 36-bed unit will provide the most technologically advanced facility for the care of the hospital's acutely ill patients.

The opening was the culmination of years of planning and anticipation. The unit's design was developed through the cooperative efforts of physicians, nurses, planners, and architects. The many hours of planning, visits to other intensive care units, and analysis of numerous options resulted in a facility that is uniquely suited to the needs of Children's Hospital's patients and their families.

The unit is decorated in warm, bright colors to minimize the clinical atmosphere. There is a family suite on each of the two 18-bed floors, with facilities for sleeping and for privacy. Unique patient headwalls were developed to provide the most efficient and effective access to the patient and to emergency equipment. A control desk



Left: The MICU's "first patient" was admitted for the opening.

Above: The unit was constructed in a two-story addition to the Surgery/Radiology Pavilion above the hospital's main entrance. A red bow marked its completion and dedication.



and reception area serves to separate administrative and clerical activities from the patient care area.

At the dedication ceremonies on December 11, two former Children's Hospital patients, 90-year-old Edgar Lebell, who was a patient in 1893, and six-year-old Timothy DeFelice, who was at Children's for several months in 1978, cut the ribbon to officially open the new unit.

Assistant Secretary of Health and U.S. Surgeon General Julius Richmond, M.D., was special guest for the day's events. In his speech, he stated that "as with so many other developments here at Children's, this new, sophisticated unit, with its careful utilization of the latest and best in medical high technology, is bound to be a beacon of excellence to other pediatric medical centers around the nation and the world."

Dedication to Drs. Gross and Smith.

The following remarks are excerpted from Children's Hospital President David Weiner's speech at the Multidisciplinary Intensive Care Unit dedication ceremonies.

"...yet high technology, scientific investigation and progressive treatment methods can bring us success only in the hands of dedicated and caring men and women. It is most appropriate that the floors of our new intensive care unit are being named in honor of two men who have contributed greatly to this Children's Hospital tradition. The fifth floor, which will serve cardiovascular and general surgical patients, is being dedicated to Dr. Robert Gross. Just over forty years ago, Dr. Gross launched the entire field of cardiac surgery when he performed the first successful correction of a

congenital heart defect. This dramatic breakthrough was but one of his many contributions to pediatric and cardiac surgery. As surgeon-in-chief from 1947 to 1966, and cardiovascular surgeon-in-chief from 1967 to 1972, Dr. Gross pioneered many more procedures to correct congenital heart defects and devised a host of other major surgical techniques. His approaches to numerous pediatric surgical problems were adopted by physicians throughout the world, and he has, directly and indirectly, saved the lives of many thousands of children. His contributions to the fields of general and cardiovascular surgery played a major role in making the hospital a world leader in pediatric health care. As a pioneer in achieving new methods for saving the lives of critically ill children, it is most appropriate that this new facility for the intensive care of cardiac and general surgical patients be dedicated to him.

The sixth floor of the unit, which will serve neurosurgical, orthopedic, and medical patients, is being dedicated to a man who continues to contribute to the care of Children's critically ill patients—Dr. Robert Smith, anesthesiologist-in-chief. Having served Children's for more than 30 years, Dr. Smith has instituted many of the anesthesia techniques that have made possible the complex surgical procedures which save the lives of so many of our pediatric



Top: Drs. Robert Smith (left) and Robert Gross at the reception following the opening and dedication. Left: Guests toured the new unit, viewing many of its special features.

Opposite: President David Weiner helped former Children's Hospital patients Timothy DeFelice, age 6, and Edgar Lebell, age 90, cut the ribbon to officially open the new unit.

patients. His extensive knowledge and experience in anesthesia and emergency resuscitation techniques have helped advance surgical and intensive care to its present state. He has long been recognized as this country's pioneer in the field of pediatric anesthesia and he has held numerous national posts including the chairmanship of the section on anesthesiology of the American Academy of Pediatrics. In addition to his medical leadership, he has also demonstrated a great sensitivity to the psychological needs of the hospitalized child, and has instituted programs in the preoperative area designed to lessen the anxiety of the child facing surgery. His many contributions to Children's Hospital and to pediatric care are greatly appreciated, and we are most pleased to dedicate the sixth floor to him."

New programs. Many hospital programs and services, reflecting the scope of activity at the medical center, were inaugurated or expanded during 1979.

Among the broadest efforts was the establishment of a Birth Defects and Genetic Counseling Program. This outreach service provides counseling and information to patients and families with genetically influenced or genetically determined diseases to assist them in making decisions about the best course of action for themselves and their families.

The new program also provides educational services for area physicians in an effort to bridge the gap between the often overwhelming amount of new genetic information available and the practicing physician's use of it.

A further source of assistance to community physicians came from the establishment in August of Pediatric Consultative

Associates, a part of the hospital's Medical Outpatient Department. This service provides area physicians with outpatient consultation work-ups, coordination of care for complex cases, admission assistance and inpatient follow-up, and in-house consultations.

Commitment to the community was also evidenced during 1979 by the development of a Case Management Program. A cooperative effort with Beth Israel Hospital, the Case Management Program provides for total health care needs – both preventive and remedial – of area families who receive Aid to Families with Dependent Children.

Children receive care through the Comprehensive Child Health Program (CCHP) here, and adult members are seen in Beth Israel's Ambulatory Care Center. Every family enrolled in the program has two health care "teams" – one at Children's and one at Beth Israel. The teams work together to ensure a comprehensive view of each family's total needs.

Among the other new programs begun at Children's during 1979 are: a sleep clinic, the first pediatric sleep disorder clinic in the country; a behavioral psychology program, which helps children with disease or psychological problems to develop more adaptive behaviors; and a periphoro-vascular clinic to deal with problems relating to the arterial, venous, and lymphatic systems.

Research at Children's. Scores of Children's Hospital researchers reported new findings this year. Their work ranged from the most basic levels of cellular biology to immediately applicable clinical techniques. Support for research efforts at Children's Hospital has grown steadily – Children's was in 1979 the third largest recipient of federal grant funds of all hospitals in the United States.

Many recent findings are already influencing not only the way in which pediatrics is practiced, but adult medicine as well. In other areas, new research directions were initiated in pursuit of the medical mysteries still to be solved. Examples of research projects reported on last year will give some indication of the range of interests and findings.

In a joint study with the Center for Blood Research, Children's scientists in the Division of Hematology/Oncology and the Diabetes Unit detected a gene associated with

juvenile-onset, insulin-dependent diabetes, the most serious form of diabetes. Detection of this marker should eventually make possible the identification of carriers of the diabetes gene.

The impact of modern technology on medical research is exemplified in a new system called BEAM (Brain Electrical Activity Mapping), developed and tested by members of the Division of Neurophysiology and Seizure Unit. The BEAM system offers, for the first time, objective evaluation tools for the diagnosis and classification of functional brain disorders. Brain activity is translated through a computer and displayed on a color television screen. BEAM technology is the only available objective approach to the diagnosis of brain disorders not caused by disturbances of brain anatomy.

Sometimes, however, technology itself creates new dangers. A major study by researchers in Psychiatry and Neurology found that lead exposure too mild to produce lead poisoning symptoms can nevertheless do enough brain damage to affect a child's mental ability and classroom performance. These levels of lead, previously considered safe, are often associated with airborne lead from industrial material and from automobiles using leaded gasoline. An editorial in *The New England Journal of*

Medicine commented that the study had far-reaching implications that were "obvious and disturbing."

In another project, researchers in the Division of Nuclear Medicine developed an exceptionally short-lived radioisotope which represents a major step in reducing the radiation dosage in certain diagnostic studies to almost negligible levels. The development of the isotope, now undergoing clinical trials, is a product of a cooperative program among Harvard Medical School, the Massachusetts Institute of Technology, and the Brookhaven National Laboratories.

A study carried out in the Medical Diagnostic Clinic at Children's Hospital has shown that the inability to digest milk properly, resulting from an enzyme deficiency, is a significant cause of recurrent abdominal pain in children. When not explained by underlying organic disease, this common chronic symptom was often assumed to have a psychological basis.

These and numerous other research findings and projects are part of a tradition at Children's Hospital: to continually seek new means to prevent and cure illness.



Research in progress at a laboratory in the Enders Research building.

Visitors...



Dionne Warwick



Leonard Nimoy



Terry O'Reilly



Goofy



The New England Aquarium

A View of Children's World







nineteen seventy-nine was a year to look backward at the hospital's past, to look outward to the needs of children throughout the world, and to look forward to a new decade of challenges to the pediatric health care field. It was also an opportunity to look inward and reaffirm the most basic fact that every year is a year of the child at Children's Hospital.





Statistical and Financial Report





tatistics

Patient	1979	1978
Number of licensed beds	335	335
Inpatients served	13,150	13,051
Patient days	98,681	98,580
Average stay	7.5	7.6
Clinic visits*	149,649	115,990
Number of clinics*	83	76
Emergency room visits	57,598	57,872
Surgical procedures		
Inpatient	6,776	6,869
Outpatient	2,686	2,581
Total	9,462	9,450
Radiology		
Patient visits	66,067	66,517
Procedures performed	73,718	75,065
Laboratory tests*	925,908	834,816

Personnel

Medical staff	656	639
Dental staff	31	30
Associated scientific staff	186	175
Courtesy staff	204	175
House staff and Fellows	357	327
Nursing staff	616	585
Other full-time employees	1,856	1,758
Other part-time employees	634	698
Volunteers	712	712

*Includes activity for the Martha Eliot Health Center in 1979.



Report of the Treasurer

I am happy to report that 1979 was a year of important financial progress for the Children's Hospital Medical Center.

The \$1.5 million surplus from our patient care and non-patient care activities represents the largest surplus in many years and reflects the combined efforts of the medical staff and administration to control our fiscal affairs in an inflationary environment.

Income from our endowment funds reached \$3.3 million, 60 percent higher than last year. Under the guidance of the Investment Committee and its chairman, William F. Morton, our investment strategy enabled us to take advantage of historically high interest rates and avoid the risks associated with other investments.

During the past year we also completed a program to restructure our long-term debt. Through the issuance of Health and Educational Facilities Authority (HEFA) approved tax-exempt bonds, we were able to repay existing debts, reduce our current debt service costs, extend our maturities at least 20 years, and provide several million dollars to meet immediate capital needs.

While 1979 represents a period of financial improvement, it also was a year of major financial commitments.

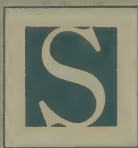
Our 1979 capital expenditures for new construction, remodeling, and new equipment were just under \$7 million. Although the cost of our new MICU facility was the largest project in 1979, the Board approved other commitments principally to replace obsolete equipment and to renovate our facilities. Due to our limited resources in prior years, we believe the program to refurbish our buildings and equipment must extend into next year. Our capital budget

for 1980 will be comparable to or slightly higher than the \$7 million expended in 1979.

With respect to the future in general, the problems and uncertainties confronting the Medical Center are really no different from those which we face as individuals. We are governed by an increasing regulatory environment; the effects of inflation are seen daily in the cost of our supplies and services; and the energy shortage will add further pressure. Most importantly, the employees and medical staff must be compensated according to the standards of quality which we expect and strive for as a premier institution.

From a financial viewpoint, we have no easy answers to these questions, nor, I expect, does anyone else. Rather, we have chosen to operate under a comprehensive financial plan which will require us to live within our means and which will contain various contingency plans depending upon the unpredictable direction taken by outside economic forces. This year will see a continued emphasis on long-range planning, but I remain confident that we can develop the financial resources to support the mission of the Medical Center.

George W. Phillips
Treasurer



Statement of Revenues and Expenses

Years Ended September 30,
1979 and 1978

	1979	1978
Patient service revenue	\$ 77,658,835	\$ 65,842,918
Adjustments granted (free care, contractual, etc.)	(14,177,667)	(10,970,751)
Net patient service revenue	63,481,168	54,872,167
Other revenue	6,627,172	6,909,990
Total operating revenue	70,108,340	61,782,157
Patient care expenses	69,092,622	61,536,078
Income from patient care operations	1,015,718	246,079
Loss from research, training, etc.	(150,000)	(225,081)
Income attributable to non-patient care properties	646,153	115,366
Income from operations	1,511,871	136,364
Non-operating revenue	6,385,421	4,652,048
Effect of change in accounting method	(1,545,000)	—
Excess of revenues over expenses	\$ 6,352,292	\$ 4,788,412

Note: The Statement of Revenues and Expenses and Condensed Balance Sheet are excerpted from the audited financial statements and are not intended to provide the information contained in the complete audit report.

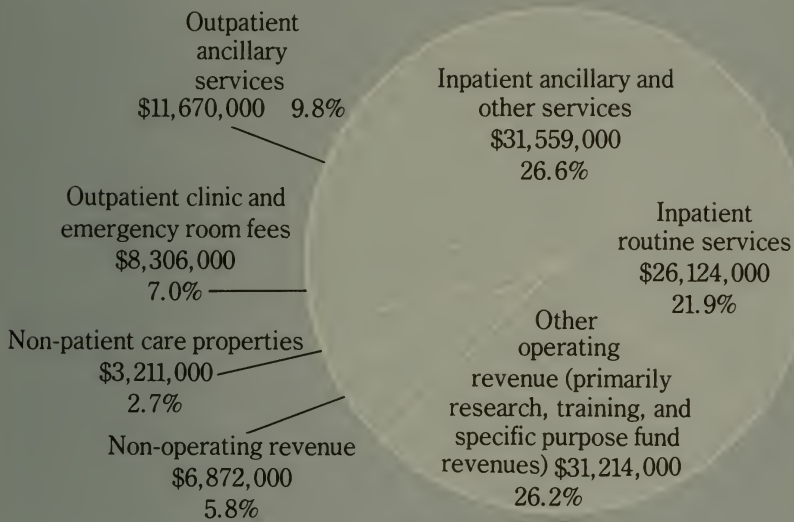
Auditors

Peat, Marwick, Mitchell & Co.
Certified Public Accountants
One Boston Place
Boston, Massachusetts

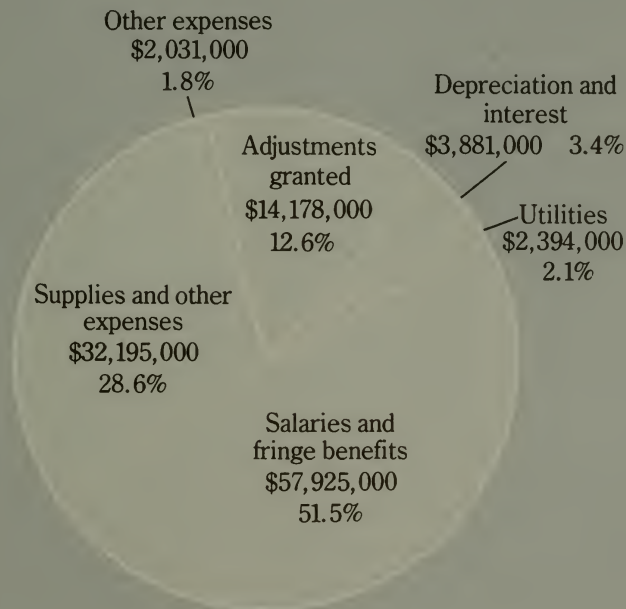


Financial Highlights: Year ended September 30, 1979

Sources of Revenues



Distribution of Expenses





Condensed Balance Sheet: September 30, 1979 and 1978

Assets	1979	1978
Unrestricted funds:		
Current:		
Cash	\$ 678,774	\$ 631,716
Accounts receivable, net	14,328,290	13,050,703
Inventories	576,644	477,369
Prepaid expenses	129,056	119,582
Total	15,712,764	14,279,370
Construction fund receivable	6,031,736	—
Investments, at cost	21,709,885	13,826,615
Property, plant and equipment, at cost, less accumulated depreciation	52,320,771	49,071,218
Other assets	1,453,520	1,240,309
Total	97,228,676	78,417,512
Restricted funds:		
Accounts receivable	2,508,900	2,875,972
Investments, at cost	28,744,294	27,948,813
Total	\$128,481,870	\$109,242,297

Liabilities and Fund Balances

Unrestricted funds:		
Current:		
Current portion of long-term debt	\$ 233,442	\$ 250,167
Accounts payable and accrued expenses	8,376,098	7,715,813
Due to third party payors	3,747,876	4,651,206
Deferred revenue	1,345,000	—
Total	13,702,416	12,617,186
Long-term debt, excluding current portion	12,874,352	5,700,961
Deferred compensation	1,453,520	1,240,309
Accrued employees' retirement plan expense	1,917,428	1,900,416
Fund balance	67,280,960	56,958,640
Total	97,228,676	78,417,512
Restricted fund balances:		
Specific purpose funds	9,357,247	9,556,472
Endowment funds	21,584,388	21,043,707
Funds held for others	311,559	224,606
Total	\$128,481,870	\$109,242,297

People, Departments, and Programs



Executive Committee

William W. Wolbach, Chairman
of the Board of Trustees
William N. Swift, Vice
Chairman of the Board of
Trustees
David S. Weiner, President
George W. Phillips, Treasurer
Mary Ellen Avery, M.D.,
Physician-in-Chief
Paul F. Hellmuth, Chairman
of the Development
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Administrative Services
 Admitting
 Adolescent/Young Adult Unit
 Allergy
 Ambulatory Services
 Anesthesia
 Animal Facility
 Cardiology
 Cardiac Catheterization
 Cardiac Graphics
 Cardiovascular Surgery
 Central Supply
 Child Development
 Clinical Laboratories
 Clinical Services
 Communications
 Community Services



Continuing Care
 Cystic Fibrosis
 Dental
 Dermatology
 Dietary
 Endocrinology
 Environmental Services
 Epidemiology
 Fiscal Services
 Gastroenterology and
 Nutrition
 General Stores
 Genetics
 Gynecology
 Hearing and Speech
 Hematology/Oncology
 Hospital Engineering
 Immunology
 Infectious Diseases
 Kinesiology
 Legal Services
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 Management Information
 Systems
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 Metabolism
 Nephrology
 Neurology
 Neurophysiology
 Neuroscience
 Neurosurgery
 Newborn Medicine
 Nuclear Medicine
 Nursing
 Ophthalmology
 Orthopaedic Surgery
 Otolaryngology
 Pathology
 Patient Activities

Patient Services
 Personnel
 Pharmacology
 Pharmacy
 Physical Therapy
 Planning
 Plastic Surgery
 Psychiatry
 Psychology
 Public Relations
 Pulmonary
 Purchasing
 Quality Assurance
 Radiation Therapy
 Radiology
 Research Administration
 Resource Development
 Respiratory Therapy
 Security
 Social Services
 Special Services
 Staff Development (Nursing)
 Surgery
 Transfusion Service and Blood
 Bank
 Transportation
 Urology
 Visual Education
 Volunteer Services



Outpatient Programs

Acne Clinic
Adolescent/Young Adult Unit
Allergy Clinic
Ambulatory Surgery Service
Arthritis Clinic
Behavioral Neurology Program
Behavioral Pediatrics Program
Behavioral Psychology and Adaptation Clinic
Birth Defects and Genetic Counseling Center
Brace Shop (NOPCO)
Cardiac Clinic
Cerebral Palsy Clinic
Child Abuse Programs
Community Services Program
Comprehensive Child Health Program
Craniofacial Clinic
Cystic Fibrosis Clinic
Dental Clinic
Dermatology Clinic
Development of Young Children and Families (Psychiatry)
Developmental Consultation Program
Developmental Evaluation Clinic
Diabetes Unit
Diagnostic Test Center
Dietary Consultation Program
Early Childhood Program
Emergency Services
Endocrine Clinics – Pediatric and Adolescent
Eye Clinic
Family Development Clinic



Gastroenterology – Nutrition Clinic
Genetics Clinic
Genitourinary Clinic
Growth Clinic
Growth Study – Measuring Center
Gynecology Clinic
Gynecology Nurse Clinic
Hand Clinic, Combined Orthopaedic – Plastic
Hearing and Speech Division
Heart Disease Prevention Program
Hematology Clinic
Hemophilia Clinic
Infant Follow-Up Program
Lead and Toxicology Clinic
Learning Disabilities Clinic
Martha Eliot Health Center
Massachusetts Poison Information Center
Medical Diagnostic Clinic
Medical Nurse Program
Medical Otitis Media Program
Metabolism Clinic
Myelodysplasia Clinic
Neurology Clinic
Neuromuscular Diseases Clinic
Neuropsychological Testing and Clinic
Neurosurgical Clinic
Optical Services
Oral Surgery
Orofacial Clinic (Children's Hospital)

Orofacial Clinic (Services to Handicapped Children)
Orthopaedic Clinic
Orthopaedic Nurse Program
Orthoptic Clinic
Ostomy Program
Otolaryngology Clinic
Pacemaker Clinic
Pains and Incontinence Program
Pediatric Consultative Associates
Periphereo-Vascular Clinic
Physical Therapy Clinic
PKU – Inborn Errors of Metabolism Clinic
Plastic Surgery Clinic
Podiatry Clinic
Preschool Function Program
Preschool Language Program
Prevocational/Vocational Work Experience Program
Prosthetic Clinic
Protein Clinic
Psychiatry Clinic
Psychological Testing and Clinic
Psychosomatic Service
Pulmonary Clinic
Renal Clinic, General
Renal Clinic, Special
School Function Program
Seizure Clinic
Seizure Unit
Sleep Disorder Program
Spanish Consultation Program
Special Diagnostic Test Center
Spinal Deformities Clinic
Sports Medicine Division
Surgical Clinic, General
Surgical Nurse Program
Tumor Clinic
Weight Control Program
Young Adult Program (Psychiatry)
Young Adult Team (Medicine)

Children's Hospital's "1980 Watch Me Grow Calendar" serves a dual purpose: it enables children to chart their growth during 1980 and also to learn about the passage of time, the seasons, and holidays.

The colorful calendar is 48 inches high by 16 inches wide, and is designed to be attached to the wall at floor level, so children can measure themselves. The calendar also contains space to write in "special days" and to recognize major holidays.

All proceeds from the sale of the \$4.95 calendar will benefit Children's Hospital. The calendar is available in person at the hospital Gift Shop, and can also be purchased by mail.

1980
Watch me
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calendar



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